

Copy C—For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B.)	
a Control # area:	1 Wages, tips, other comp.
	2 Federal income tax withheld
	39-1908647
	OMB No. 155-0008

<u>01-00018-4</u>	9558.74	1101.35
b Employee [C.O. (EIN)]	3 Social security wages 2568.74	4 Social security tax withheld 593.26
23-15057-34	5 Medicare wages and tips 9559.74	6 Medicare tax withheld 138.75

C
TELETOON MARKETING GROUP, INC.
1545 WEST 18TH STREET
ERIE, PA 15009

Copy 2-To Be Filed With Employee's State, or Local Income Tax Return.		OMB No. 1545-0008
<p>a Control number</p> <p>01-0001344</p>		<p>1 Wages, tips, other comp. 9568.74</p> <p>2 Federal income tax withheld 1101.35</p>
<p>b Employer ID no. (ENR)</p> <p>25-1505735</p>		<p>3 Social security wages 9568.74</p> <p>4 Social security tax withheld 593.26</p>
<p>c Employer's name, address, and ZIP code</p> <p>TELETRON MARKETING GROUP, INC. 1545 WEST 38TH STREET ERIE, PA 16508</p>		<p>5 Medicare wages and tips 9568.74</p> <p>6 Medicare tax withheld 138.75</p>
<p>d Employee's social security number</p> <p>201-55-16659</p>		
<p>e Employee's name, address, and ZIP code</p> <p>CLAUDETTE DELEON 11983 BUREAU ROAD PO BOX 185 EDINBORO PA 16412</p>		
<p>f Social security tips</p>		<p>g Allocated tips</p>
<p>h Dependent care benefits</p>		<p>i Advance EPC payment</p>
<p>j Standard employee benefit plan</p>		<p>k Nonqualified plans</p>
<p>l Retirement plan</p>		<p>m Code 12b Code 12c Code 12d Code</p>
<p>n Third-party sick pay</p>		
<p>o Pay PA 25-1505735</p>		<p>p Local income tax 9563.74</p> <p>q State wages, tips, etc. 9568.74</p>
<p>r State Employer's state ID number</p> <p>15 State</p>		<p>s Local income tax 110.54</p> <p>t State income tax</p>
<p>u Local wages, tips, etc.</p>		<p>v Locality name ERIE</p>

Employee Reference Copy W-2 Wage and Tax Statement 2005			
Copy C for employee's records OMB No. 1545-0008			
a. Control Number 2805	b. Void 53	c. Dept. 4370	d. Employer use only
e. Wages, tips, other comp. 70.00	f. Federal income tax withheld 4.34	g. Social Security 70.00 7.00 70.00 4.34	
h. Medicare wages and tips 70.00	i. Medicare tax withheld 1.02	j. State income tax Box 17 of W-2 Local Income Tax Box 20 of W-2 SUSI Box 14 of W-2	
k. Employer's ID number 25-6001265	l. Social security tax withheld 70.00	m. Social Security Wages Compensation Box 1 of W-2 70.00	n. PA. State Wages, Tax, Etc. Box 16 of W-2 70.00
o. Employee's name, address and ZIP code ERIE CITY SCHOOL DISTRICT 148 WEST 21ST STREET ERIE, PA. 16502		p. Medicare Wages Box 5 of W-2 70.00	q. ERIE Wag Box 18 of W-2 70.00
q. Employee's SSAN number 201-56-6669	r. Employee's name, address and ZIP code DE LEON CLAUDETTE 11983 EUREKA RD EDINBORO PA 16412	s. Gross Pay 70.00	t. F.O. Box Social Security Tax Withheld Box 4 of W-2 Medicare Tax Withheld Box 6 of W-2
u. Social security tips 0.00		v. Allocated tips 0.00	w. PA. State Income Tax Box 17 of W-2 Local Income Tax Box 20 of W-2 SUSI Box 14 of W-2
x. Advance EIC payment 0.00	y. Dependent care benefits 0.00	z. Exemptions 0.00	aa. Extra Withholding 0.00
bb. See Insts. for Box 12 11 Home & Auto plans	cc. Other 0.00	dd. Unemp. AMT 0.00	ee. FOLD AND DETACH HERE
ff. Stat. emp. 1	gg. Pension plan 1	hh. Hspid. emp. 1	
ii. State/State Employer's ID No. PA69-0230960L-001	jj. State wages 70.00	kk. State tax 2.15	ll. Local wages 70.00
mm. Locality name ERIE	nn. Local tax .81	oo. Location 0.00	pp. Location 0.00

2005 W-2 and EARNINGS SUMMARY

This Earnings Summary section is included with your W-2 to help describe portions in a single document.

1. The following information was taken from your final 2005 paystub.

Gross Pay	Social Security Tax Withheld Box 4 of W-2	4.34 PA. State Income Tax Box 17 of W-2
70.00	70.00	70.00
GROSS PAY	Social Security Wages Compensation Box 1 of W-2 70.00	PA. State Wages, Tax, Etc. Box 16 of W-2 70.00
REPORTED W-2 WAGES	Medicare Wages Box 5 of W-2 70.00	ERIE Wag Box 18 of W-2 70.00
70.00	70.00	70.00
3. Employee W-4 Profile (to change your profile, file a new W-4 with your payroll department)	Social Security Number 201-56-6669	Marital Status Exemptions Extra Withholding
DE LEON CLAUDETTE 11983 EUREKA RD EDINBORO PA 16412		
1. Social security tips 0.00	2. Allocated tips 0.00	3. Exemptions 0.00
4. Advance EIC payment 0.00	5. Dependent care benefits 0.00	6. Extra Withholding 0.00
7. See Insts. for Box 12 11 Home & Auto plans	8. Other 0.00	9. Location 0.00
10. See Insts. for Box 12 11 Home & Auto plans	11. Other 0.00	12. Location 0.00
13. Locality name ERIE	14. Other 0.00	15. Local tax .81
16. Local wages 70.00	17. State tax 2.15	18. State wages 70.00
19. Location 0.00	20. Location 0.00	21. Location 0.00

**STATEMENT FOR RECIPIENTS OF PA
UNEMPLOYMENT COMPENSATION PAYMENTS**

Payer:
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF UC BENEFITS AND ALLOWANCES
HARRISBURG, PA 17121-0001
 (717)783-3140
 OMB NO. 1545-0120 FEDERAL ID NO. 23-5003107

THIS IS NOT A BILL - DO NOT DESTROY - KEEP WITH YOUR TAX RECORDS

SOC. SEC. NO.	TOTAL PAYMENT	TAX WITHHELD	TAX YR.
201-56-6669	\$3213.00	\$322.00	2004

RECIPIENT'S name, address, zip code

CLAUDETTE DELEON
 11983 EUREKA RD
 EDINBORO PA 16412

CORRECTED COPY

UC-1099G REV. 1-05 Auxiliary aids and services are available upon request to individuals with disabilities. Equal Opportunity Employer/Program

This form shows the total unemployment compensation paid to you by the Department of Labor and Industry in the tax year indicated, and the amount of Federal income tax withheld (if you requested tax withholding). This is important tax information and is being furnished to the Internal Revenue Service (IRS). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. For income tax purposes, unemployment compensation benefits are reported in the calendar year in which they are paid, regardless of when the claim for benefits was filed.

Dear Recipient: YOU MAY BE ELIGIBLE FOR THE EARNED INCOME CREDIT, which is a Federal benefit for both married and single parents who worked either full or part time during all or part of the year and earned less than the Federal qualifying amount. If you are eligible, you will either owe less taxes or qualify for a larger tax refund. To file for the Earned Income Credit, fill out and attach "Schedule EIC" to your Federal income tax return. For more information, call the IRS toll-free at 1-800-829-1040 or visit www.irs.gov.

NOTE: If you were overpaid benefits, and repaid the amount, it's still included in the TOTAL PAYMENT. If the repayment was made in the same year as the overpayment, make the necessary adjustment and notation on your Tax Form 1040 or 1040A. Your canceled check or copy of money order may be used as your proof for adjustments claimed.

HARRISBURG, PA 17120-0019
 7TH AND FIFTH STREET STREETS
 607 LABOR AND INDUSTRY BLDG
 BUREAU OF UC BENEFITS AND ALLOWANCES
 DEPARTMENT OF LABOR AND INDUSTRY

POSTAGE
 PAID
 MAIL
 WITHIN
 10 DAYS
 POST OFFICE

FIRM

EDINBORO PA 16412
 11983 EUREKA RD
 CLAUDETTE DELEON

**COPY C FOR EMPLOYEE'S RECORDS
(See Notice to Employee on back of Copy B.)**

OMB No. 1545-0008

a Employee's social security number

201566669

b Employer ID number

251215891

c Employer's name, address, and ZIP code

**CRAWFORD CENTRAL SCHOOL DISTRICT
11280 MERCER PIKE****MEADVILLE, PA. 16335**

d Employee's social security number

201566669

e Employee's name, address, and ZIP code

**CLAUDETTE DELEON
11983 EUREKA RD****EDINBORO, PA. 16412**

7 Social security sps PA	8 Allocated sps .00	9 Advance EIC payment .00
10 Dependent care benefits PA	11 Nonqualified plans .00	12a Code See Inst. for box 12 12b Code 12c Code 12d Code
13 Statutory employee PA	14 Other X	15 State Employee's state I.D. # PA 1639 1237
16 Local wages, tips, etc. PA 21332.63	17 State Income Tax 213.31	18 State wages, tips, etc. PA 21332.63
Form W-2 Wage and Tax Statement 47-1458001 Dept. of the Treasury - IRS		19 Local income tax Meadv
This information is being furnished to the IRS. If you are required to file a tax return & negligently payable or other sanction may be imposed on you if this income is taxable & you fail to report it.		

1040

U.S. Individual Income Tax Return 2003

Department of the Treasury - Internal Revenue Service

(99)

(99)

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(99)

(99)

(99)

(99)

(99)

(99)

Label
(See instructions.)

Use the IRS label.
Otherwise,
please print
or type.

**Presidential
Election
Campaign**
(See instructions.)

For the year Jan. 1 - Dec. 31, 2003, or other tax year beginning
Year first name MI Last name
CLAUDETTE **DELEON-MCCRACKEN**

If a joint return, spouse's first name MI Last name
EDGAR **GUDINO**

Home address (number and street). If you have a P.O. box, see instructions.
11983 EUREKA ROAD

City, town or post office if you have a foreign address, see instructions
EDINEIRO

State ZIP code
PA 16412

You Spouse
Spouse's social security number

No. of dependents checked on line 6a and b 2
No. of dependents claimed on line 6a and b

Head of household (with qualifying person). (See instructions.) If the Qualifying Person is a child but not your dependent, enter this child's name here

Important!
You must enter your social security number(s) above.

Filing Status
Check only one box.

Exemptions

Note: Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? Yes No Yes No

c Dependents:

d Total number of exemptions claimed 5

e If child for credit (see notes) If child for credit (see notes)

I am the qualifying person who lived with you I did not live with you due to divorce or separation (see notes)

Dependent on my tax return (see notes) Dependent on my tax return (see notes)

Add numbers on lines above 6

1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above & full name here.

4 Apartment no.

5 Qualifying widow(er) with dependent child. (See instructions.)

f If child for credit (see notes) If child for credit (see notes)

I am the qualifying person who lived with you due to divorce or separation (see notes)

Dependent on my tax return (see notes) Dependent on my tax return (see notes)

Add numbers on lines above 6

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required 7 20,530.

8b Tax-exempt interest. Do not include on line 8a 8a 104.

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends 9b 1,178.

10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 1,178.

11 Alimony received 11 1,178.

12 Business income or (loss). Attach Schedule C or C-EZ 12 1,178.

13a Capital gain or (loss). Att Sch D if need. If not reqd. ex here 13a 1,178.

b If tax-free capital gains distributions 14 1,178.

14 Other gains or (losses). Attach Form 4797 14 1,178.

15a IRA distributions 15a 1,178.

b Taxable amount (see instrs) 15b 1,178.

16a Pensions and annuities 16a 1,178.

b Taxable amount (see instrs) 16b 1,178.

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 1,178.

18 Farm income or (loss). Attach Schedule F 18 1,178.

19 Unemployment compensation 19 14,688.

20a Social security benefits 20a 14,688.

b Taxable amount (see instrs) 20b 14,688.

21 Other income 21 14,688.

22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 36,500.

23 Educator expenses (see instructions) 23 250.

24 IRA deduction (see instructions) 24 250.

25 Student loan interest deduction (see instructions) 25 33.

26 Tuition and fees deduction (see instructions) 26 33.

27 Moving expenses. Attach Form 3903 27 33.

28 One-half of self-employment tax. Attach Schedule SE 28 33.

29 Self-employed health insurance deduction (see instrs) 29 33.

30 Self-employed SEP, SIMPLE, and qualified plans 30 33.

31 Penalty on early withdrawal of savings 31 33.

32a Attorney paid b Recipient's SSN 32a 33.

33 Add lines 23 through 32a 33 283.

34 Subtract line 33 from line 22. This is your adjusted gross income 34 36,217.

TAXES

1. 2005 W2 TELATRON MARKETING
2. 2005 W2 ERIE SCHOOL DISTRICT
3. 2004 UNEMPLOYMENT COMPENSATION
4. 2003 W2 CRAWFORD CENTRAL SCHOOL DISTRICT
5. 2003 1040 TAX RETURN SEE 19 UNEMPLOYMENT COMPENSATION